## **Arkansas Military Family Relief Fund Application**

Not affiliated with the Department of Defense.

Please complete this form in its entirety. The information will be used to assess our ability to assist you. Besides your name, all information is considered privacy information and will not be released to the public. Name of Requestor E-mail Address **Mailing Address Home Phone Work Phone** Cell/Other Name/Rank of Military Member **Currently Deployed to Branch of Service Unit of Assignment** Service Members pre-deployment employer, job title and salary Number of children in household Ages Special needs? Spouse's employer, job title and salary I am requesting the following assistance (i.e. interest free loan, grant, food/gift cards, or other). Please specify the exact amount(s) of each and the name of the individual or agency the money would be paid to. This emergency has occurred due to the following events, reasons, or circumstances: I have done the following things to attempt to remedy the situation: (i.e., contacted the agency and requested an extension, etc.) Submitted by **Date** The following documents are attached or available (as applicable or requested) Bills/statements Repair or other estimate of cost **Leave & Earnings Statements** Other (specify): SIGNATURE I certify that this request is in accordance with the published guidelines for the fund. Date For TAG Use Only Reviewed and sent to DSR for disbursement Date **DSR** Representative **Date**